

Covenant MFB e-Channels Transaction Limit



Covenant
Microfinance Bank

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ACCOUNT DETAILS:

Name: _____

Surname

First Name

Middle Name

Account Number: _____

Phone Number: _____

Email: _____

BVN: _____

Channel: POS Mobile App ATM Internet Banking

Daily Transaction

Limit in Words: _____

I hereby declare and covenant as follows:

1) I am fully aware of the risks to the Bank in consenting to my request for the increase in my daily transfer limit on the Bank's electronic Banking Platform to the sum stated above and hereby confirm that I have sought independent legal advice and take full responsibility for any loss or losses that may arise from my negligence. I covenant that I have taken steps to ensure the security of my electronic banking platform password, secret question, Phone Number, PIN and token, and hereby authorise the Bank to give effect to transfer instructions emanating from the stipulated Account up to the sum for all losses that may occur to me and the Bank, as a result of the Bank acceding to my request.

2) That I hereby authorise the Bank to honour all transfer instructions from my account no. daily as per the sum stated above and I indemnify the Bank against all losses I may suffer, the Bank may be liable for or losses which may be suffered by the Bank or claims which may be incurred or made against the Bank as a result of or pursuant to the Bank consenting to my request and for processing transfer instructions from my account via the Platform up to the sum daily, from time to time.

3) I indemnify the Bank, its officers, staff and affiliates and keep the Bank indemnified against all litigations, actions and proceedings for which the Bank may be liable or losses which may be suffered by the Bank or claims which may be incurred or made against the Bank as a result of or pursuant to the Bank consenting to my request and for carrying out any instruction(s) received from me and/or other signatories to the Account.

Authorized Signature

Authorized Signature

FOR BANK USE ONLY

Input Staff in Charge

Name: _____

Signature: _____

Date: _____

SV Stamp

Charges # _____

Verify/Authorized by (BOM)

Name: _____

Signature: _____

Date: _____